



PATENT  
450100-03199

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Masakazu HAYASHI et al.

Serial No. : 09/845,382

For : METHOD AND APPARATUS FOR DISPLAYING INFORMATION AND PROGRAM AND MEDIUM USED THEREFOR

Filed : April 30, 2001

**RECEIVED**

MAR 27 2003

Examiner : F. Nguyen

Technology Center 2600

Art Unit : 2674

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on March 17, 2003.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

March 17, 2003

Date of Signature

**AMENDMENT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

In response to the Office Action of December 18, 2002, please amend the above-referenced application as follows:



PATENT  
450100-03199

2674

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Masakazu Hayashi et al  
Serial No. : 09/845,382  
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For : METHOD AND APPARATUS FOR DISPLAYING INFORMATION  
AND PROGRAM AND MEDIUM USED THEREFOR  
Examiner : F. Nguyen  
Art Unit : 2674

745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

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Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.  
 The fee has been calculated as shown below.  
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Technology Center 2600

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	36	Minus	** =36	* 0 x	\$18 (9)	= \$ 0
Independent claims	4	Minus	*** =4	* 0 x	\$84 (42)	= \$ 0
Total additional fee for this amendment						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid , or is paid herewith .
- This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of  additional claims \_\_\_\_\_ petition for extension of time.
- Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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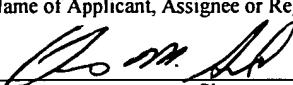
Dennis M. Smid, Reg. No. 34,930

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

  
Dennis M. Smid  
Reg. No. 34,930  
Tel: 212-588-0800

Name of Applicant, Assignee or Registered Representative  


Signature

March 17, 2003

Date of Signature